APPLICANT AND ORGANIZATION

|  |  |
| --- | --- |
| **Name** | **Organization Name** |
|  |  |

CURRENT SUPPORT

|  |
| --- |
| **Is your community foundation supported by the Dane G. Hansen Foundation?***(Yes or No) If yes, please understand this request will not be accepted for this program. This refers to current support from the Dane G. Hansen Foundation. If you have been supported by Dane G. Hansen in the past, but are not currently, you may continue applying.* |
|  |

YOUR ORGANIZATION
PARENT / HOST

|  |
| --- |
| **Are you a parent/host organization?***(Yes or No) If not, please proceed to the next section.* |
|  |
| **If yes, how many employees does your parent organization have?** |
|  |
| **If yes, how many affiliates/associate community foundations do you support?** |
|  |
| **If yes, do you have full-time staff to directly support them?** |
|  |
| **Please list the number of full-time staff and the community foundations they support.** |
|  |
| **Have you discussed the hiring plan with affiliates and associates?***(Yes or No) If not, please discuss this plan with your affiliate/associate community foundation before applying.* |
|  |
| **Which community foundation(s) are you applying on behalf of?** |
|  |

YOUR ORGANIZATION
AFFILIATE / ASSOCIATE

|  |
| --- |
| **Are you an affiliate/associate organization?***(Yes or No) If not, please proceed to the next section.* |
|  |
| **If yes, who is your parent/host organization?** |
|  |
| **Have you discussed the hiring plan with your parent/host organization?***(Yes or No) If not, please discuss this plan with your parent/host community foundation before applying.* |
|  |

CURRENT STAFF

|  |
| --- |
| **Currently, how many staff members does your community foundation have?***Please specify for both full-time and part-time.* |
|  |
| **Currently, how many volunteers support your organization with day-to-day management?** |
|  |

STAFFING NEEDS

|  |
| --- |
| **Describe your current staffing situation.** |
|  |
| **Please detail any current support you are receiving for this staff position.** *(e.g. If you currently have a 20 hour part time staff member and you are asking to make them full time)* |
|  |
| **What are the goals for this staff position?** |
|  |
| **How will you support this staff member?** |
|  |
| **Describe the onboarding process.** |
|  |
| **What tools and resources can PFF provide you with to be helpful?** |
|  |
| **Please detail the budget expenses you are applying for.** |
| *Salary* |  |
| *Benefits* |  |
| *Recruitment, Job Posting, Hiring, etc.* |  |
| *Technology* |  |
| *Travel* |  |
| **Our goal is for this staff position to be retained and supported by your organization. Please share the time frame you feel you need to make this attainable.***It's okay if you are unsure of this at this time. Your response will not affect your application status.* |
|  |

FUNDRAISING AND GIVING

|  |
| --- |
| **What are your 2022 total assets?** |
|  |
| **Please share your 2022 revenue portfolio.** |
|  |
| **Please detail your current liabilities.** |
|  |
| **What are your 2022 program expenditures?** |
|  |
| **What is your largest fundraiser or the opportunity that brings in the most donations for your community foundation?** |
|  |
| **What was the total of your most recent match day fundraising?** |
|  |
| **What was the 2022 total for your annual donor fundraising?** |
|  |
| **How many nonprofits have funds being held with your community foundation?** |
|  |
| **Please tell us about your 2022 donor-advised funds.** |
|  |
| **Please provide an overview of your planned giving.** |
|  |
| **How many organizations did you provide a grant to in 2022?** |
|  |
| **What was your average grant amount to the organizations you contributed to in 2022?** |
|  |
| **What was the total amount of grant awards given to the local community in 2022?** |
|  |

INVESTMENTS

|  |
| --- |
| **Do you have an investment account?** |
|  |
| **How much is currently being invested by the organization?** |
|  |
| **What company manages this investment for you?** |
|  |
| **How many hours does your staff/board spend managing your investments?** |
|  |
| **Please share your overall investment strategy.** |
|  |

WRAPPING UP

|  |
| --- |
| *The Patterson Family Foundation values learning from the rural communities we serve. We value your feedback as a community member. We want to understand the most pressing issues for you.***What keeps you up at night?** |
|  |